

CITY OF GREENVILLE

POLICE OFFICER APPLICANT FACT SHEET

Minimum Employment Standards for Law Enforcement Officers in N.C.

To qualify for law enforcement certification in North Carolina, an applicant must:

- Be a citizen of the United States;
- Be at least twenty (20) years of age;
- Be a high school graduate or have passed the General Education Development (GED) test;
- Be of good moral character with no disqualifying criminal offense conviction(s);
- Meet any agency's minimum requirements.

Complete and return all application forms to the City of Greenville, Human Resources Department, P.O. Box 7207, Greenville, NC 27835-7207 **prior to the application deadline. Please reference the accompanying "Information & Checklist" form for the application deadline and required forms.**

GREENVILLE, NORTH CAROLINA POLICE OFFICER SELECTION PROCESS

The entire selection process takes approximately 5 months and is comprised of the following elements. Each element stands alone and must be successfully completed in order to advance.

- Applicant screening and preliminary background check;
- Physical agility test (bench press, leg press, sit-ups, flexibility measurements, one and one half mile run, and body fat measurement);
- Oral interview conducted by an Assessment Board of the Greenville Police Department;
- Written examination administered by the City of Greenville or designee;
- Interview conducted by Chief of Police or designee(s);
- Conditional job offer extended;
- Psychological evaluation, physical exam, and drug screen;
- Complete background investigation prior to final offer of employment;
- Final job offer extended to successful applicant(s) based on overall qualifications and the needs of the Greenville Police Department.

Applicants will be notified by mail of specific dates and times of testing in Greenville, N.C.

For further information, contact:	City of Greenville	or	City of Greenville
	Human Resources Dept.		Police Recruiting Officer
	P.O. Box 7207		P.O. Box 7207
	Greenville, NC 27835-7207		Greenville, NC 27835-7207
	252-329-4492		252-329-4702

REAPPLICATION/RETESTING

Candidates who do not successfully complete the selection process are eligible to reapply for the position of Police Officer (Trainee) after a period of 12 months following the application deadline date. All candidates will have to submit another original application package at the time of recruitment and complete all phases of the selection process again.

City of Greenville

Authorization for Release of Personal Information

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Greenville, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions; including records of loans, the records of commercial or retail credit agencies (including credit reports and /or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment and/or consultation including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency rating, complaints or grievances filed by or against me and the records and recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment by the City of Greenville. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability, which may be incurred as a result of furnishing such information.

I also agree to pay any charges or fees concerning the request and can be billed for such charges at the below listed address.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

Full Signature (Including Maiden Name)

Address

Phone

Date of Birth

Social Security Number

Witness

Date

GREENVILLE POLICE DEPARTMENT

**ACKNOWLEDGEMENT OF RULES ON RESIDENCY REQUIREMENTS
AND INITIAL PROBATIONARY STATUS**

In accordance with the City of Greenville's Personnel Policies, I fully understand as a condition of employment, that I must reside within the following geographical areas at all times: Pitt County, Greene County, Beaufort County, Martin County, Craven County (areas south of Catfish Lake Road or Flanner's Beach Road excluded), Edgecombe County (south of State Route 97), Lenoir County (north of US Highway 70), Nash County (east of I-95 and south of US Highway 64), Wayne County (north of US Highway 70 and the Goldsboro area defined by US 13 to the West, NC 581 to the South, and NC 111 to the East), or Wilson County (east of I-95).

As one of the conditions of satisfactorily completing the probationary period and a condition of continued employment, I understand that I will have six (6) months following the completion of my probationary period to comply with the residency requirement. **I further understand and accept as a condition of my employment, that if I fail to comply with the residency requirement, I will be subject to disciplinary action up to and including dismissal.**

I understand that, if I am employed, I will be on employment probation for a period of twelve (12) months (with the exception of Police Officer Trainees who will serve an extended probationary period as established by the City Manager), and during that time, I am subject to being discharged for any reason.

SIGNATURE

PRINT NAME

DATE

RECOGNITION AND ASSUMPTION OF RISK

I, _____, have applied for employment with the City of Greenville for the position of POLICE OFFICER (TRAINEE). I have been informed and understand that a requirement of application is the completion of a series of physical endurance/performance/fitness tests and exercises designed to determine my fitness for employment. I understand that the tests will involve strenuous physical activity including bench press, leg press, sit-ups, a flexibility test, and a one and one half (1 ½) mile run.

In consideration of being considered for employment with the City of Greenville, I acknowledge that there are risks inherent in performing the endurance/performance/fitness tests, and I assume the risk of strain, accident or injury in connection with my participation in these tests and exercises. I intend this recognition and assumption of risks to be binding not only for myself, but also on the family and legal successors in interest.

After considering my own health and limitations, I hereby certify that I am fit to participate in all of the physical endurance/performance/fitness tests and exercises listed above.

SIGNATURE

WITNESS

DATE

DATE

Information & CHECK LIST

Thank you for your interest in employment as a Police Officer (Trainee) with the Greenville Police Department. Enclosed are several forms for your completion. Please ensure all forms are completed in their entirety and returned to the Human Resources Department (not the Police Department) no later than **5:00 p.m., Friday, September 29, 2006**. Forms to be returned are listed below:

- _____ 1. Employment Application
- _____ 2. Applicant Data Card
- _____ 3. Authorization for Release of Personal Information
- _____ 4. Acknowledgment of Rules on Residency Requirements and Probationary Status
- _____ 5. Recognition and Assumption of Risk
- _____ 6. Photocopies* of:
 - _____ Social Security card
 - _____ Birth certificate
 - _____ Valid driver's license
 - _____ High school diploma or GED
 - _____ College diploma(s) or transcripts (if applicable)
 - _____ Form DD-214 (veterans only)
 - _____ State law enforcement certification (if applicable)

Please do not include copies of training, certificates of achievement, etc. You may note these accomplishments on a resume or an itemized list; notation on a resume is preferred.

Items 1 through 5 **must** be submitted prior to the application deadline noted above or you will **not** be considered for employment. We request that all of the photocopies listed in item 5 be submitted with your application forms. If you are unable to submit one or more of the required photocopies listed in item 6 prior to the application deadline, the missing item(s) are to be submitted prior to the physical agility test date. **Incomplete application packages will NOT be considered.**

THE HUMAN RESOURCES DEPARTMENT IS **NOT RESPONSIBLE
FOR MAKING PHOTOCOPIES*

CITY OF GREENVILLE
APPLICANT DATA RECORD

The City of Greenville is an Equal Opportunity/Affirmative Action Employer. The following information is being requested to comply with government reporting requirements and to measure the effectiveness of our recruitment efforts. All responses are voluntary and will be used for statistical analysis only. This information will be kept in a confidential file separate from your employment application and will not be used in any way in our selection process or for any personnel action following employment.

Position applied for: _____

Date: _____

Name: _____

Date of birth: _____

Sex:

Male ☐

Female ☐

Race/Ethnic
Identification:
(check only one)

**White (non-
Hispanic)** ☐

**Black
(non-Hispanic)** ☐

Hispanic ☐

**American Indian/
Alaskan Native** ☐

**Asian/Pacific
Islander** ☐

Check if **Vietnam** era
applicable: **veteran** ☐

Disabled veteran ☐

Physical or mental disability:

☐ **None/prefer not to report**

☐ **Vision**

☐ **Hearing**

☐ **Communication**

☐ **Mental**

☐ **Orthopedic**

☐ **Other (please specify)**

If you are disabled and would like to request interviewing and/or testing accommodations, please describe:

How did you learn of this opening? (check all that apply)

☐ **Walk-in**

☐ ***The Daily Reflector***

☐ **Other newspaper ad (which one?)**

☐ **Professional publication ad (which one?)**

☐ **City of Greenville website**

☐ **Other website (which one?)**

☐ **City of Greenville telephone job line**

☐ **Employment Security Commission**

☐ **Employee referral**

☐ **Job/Career Fair**

☐ **TV (which station?)**

☐ **Radio (which station?)**

☐ **Other (please specify)**

**EMPLOYMENT APPLICATION
CITY OF GREENVILLE**

Human Resources Department
Post Office Box 7207
200 Martin Luther King, Jr. Drive
Greenville, NC 27835-7207



Phone: 252-329-4492
Fax: 252-329-4313
www.greenvillenc.gov

All information requested must be provided and will be held confidential to the extent allowed by law. A resume may be attached as a supplement but cannot be accepted in lieu of completing this application. Incomplete applications and applications received after the deadline will not be considered.

POSITION APPLIED FOR:

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY #

HOME ADDRESS

CITY	STATE	ZIP	TELEPHONE NUMBER

MAILING ADDRESS (if different from home address)

CITY	STATE	ZIP	TELEPHONE NUMBER

Are you at least 18 years of age?

YES ☐ NO ☐ If no, give date of birth:

Have you ever used another name other than the one shown on this application?

YES ☐ NO ☐ If yes, please explain:

Are you available for: ☐ Full-time ☐ Part-time ☐ Temporary

If part-time, specify days and hours:

If offered employment, on what date would you be available for work?

Have you ever worked for the City of Greenville?

YES ☐ NO ☐ If yes, give dates:

Do you have any relatives working for us?

YES ☐ NO ☐ If yes, provide name and relationship:

MILITARY SERVICE

Have you ever served in the U.S. Armed Forces? YES ☐ NO ☐ If yes, what branch

Rank at discharge Dates of duty From: To:

List duties in the service including special training:

REFERENCES

Name three responsible persons, other than relatives or past supervisors, who can provide information about your character, ability, experience, personality, and other qualities.

NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER

EDUCATION AND TRAINING

Last high school attended:

Address:

Do you have a high school diploma or GED?				YES <input type="checkbox"/> NO <input type="checkbox"/>		
If no, check highest school year completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>						
Education beyond high school	Name and address of school	Attended		Major Course of Study	Did you graduate?	Type of degree or diploma & year received
		From Mo/Yr	To Mo/Yr			
College or University						
Graduate or Professional						
Other (specify)						
Office/Computer Skills History (check each skill you possess)		Equipment Skills History (check each type of equipment you have operated)				
<input type="checkbox"/> Typing (wpm) <input type="checkbox"/> Computer (list software proficient in)		<input type="checkbox"/> Dump Truck <input type="checkbox"/> Backhoe <input type="checkbox"/> Front End Loader <input type="checkbox"/> Farm Type Tractor <input type="checkbox"/> Tractor Mower		<input type="checkbox"/> Leaf Machine <input type="checkbox"/> Street Sweeper <input type="checkbox"/> Pot Hole Patcher <input type="checkbox"/> Asphalt Roller <input type="checkbox"/> Asphalt Paver		<input type="checkbox"/> Flusher <input type="checkbox"/> Motor Grader <input type="checkbox"/> Other <input type="text"/>
If fluent in any other languages other than English, please list:						
Please list special qualifications relevant to the position for which you are applying which are not covered elsewhere in your application (such as professional licenses or certifications, technical skills, or other special training or courses).						
OTHER INFORMATION						
If applicable, have you complied with the U.S. Selective Service (draft) registration requirements? Please check one and initial.						
YES <input type="checkbox"/> NO <input type="checkbox"/>		Initials:				
Have you ever pled guilty, nolo contendere (no contest), or been convicted of a crime other than a minor traffic violation? (<i>Exclude juvenile offenses if records legally sealed</i>)						
YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, describe in full. (A conviction will not necessarily disqualify an applicant from employment.)				
Are you now under charges for any offense against the law?						
YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, describe in full.				
Driver's license number	State	Type			Expiration Date	
		A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> CDL: A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>				
How many convictions for moving violations within the past three years?						
Driver's license ever suspended or revoked?						
YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, list the type(s) of violation along with date(s) :				

EMPLOYMENT HISTORY

Record your work history in the spaces below, beginning with your current or most recent employment. Include military service, self-employment, temporary and part-time employment and periods of unemployment. **DO NOT write “SEE RESUME”.**

EMPLOYER

ADDRESS

JOB TITLE

STARTING SALARY

LAST SALARY

NAME OF SUPERVISOR

TITLE OF SUPERVISOR

BUSINESS TELEPHONE

DATE EMPLOYED

DATE SEPARATED

TOTAL TIME (YRS/MOS)

STATUS

☐ Full-time
☐ Part-time

If part-time, number hours worked
per week:

DUTIES

REASON FOR LEAVING

EMPLOYER

ADDRESS

JOB TITLE

STARTING SALARY

LAST SALARY

NAME OF SUPERVISOR

TITLE OF SUPERVISOR

BUSINESS TELEPHONE

DATE EMPLOYED

DATE SEPARATED

TOTAL TIME (YRS/MOS)

STATUS

☐ Full-time
☐ Part-time

If part-time, number hours worked
per week:

DUTIES

REASON FOR LEAVING

EMPLOYER

ADDRESS

JOB TITLE

STARTING SALARY

LAST SALARY

NAME OF SUPERVISOR

TITLE OF SUPERVISOR

BUSINESS TELEPHONE

DATE EMPLOYED

DATE SEPARATED

TOTAL TIME (YRS/MOS)

STATUS

☐ Full-time
☐ Part-time

If part-time, number hours worked
per week:

DUTIES

REASON FOR LEAVING

EMPLOYMENT HISTORY (continued)

EMPLOYER		ADDRESS		
JOB TITLE		STARTING SALARY		LAST SALARY
NAME OF SUPERVISOR		TITLE OF SUPERVISOR		BUSINESS TELEPHONE
DATE EMPLOYED	DATE SEPARATED	TOTAL TIME (YRS/MOS)	STATUS	
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	If part-time, number hours worked per week:
DUTIES				
REASON FOR LEAVING				

EMPLOYER		ADDRESS		
JOB TITLE		STARTING SALARY		LAST SALARY
NAME OF SUPERVISOR		TITLE OF SUPERVISOR		BUSINESS TELEPHONE
DATE EMPLOYED	DATE SEPARATED	TOTAL TIME (YRS/MOS)	STATUS	
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	If part-time, number hours worked per week:
DUTIES				
REASON FOR LEAVING				

SOCIAL SECURITY NUMBER DISCLOSURE NOTICE: As part of your application for employment, you are required to provide your Social Security number to the City of Greenville. This is mandatory. The authority for this requirement is S.L. 2005-214. Your Social Security number will be maintained and used by the City of Greenville as a means to uniquely identify your records during the processing and tracking of your application and to conduct backgrounds checks. If you are hired by the City of Greenville, your Social Security number will be used for payroll and benefit purposes, as well as for compliance with federal and state reporting requirements including taxes. The City of Greenville will not disclose your Social Security number without your consent for any purpose except as allowed by law. If you fail or refuse to provide your Social Security number, we will consider your application incomplete and return it to you. Continued failure or refusal to provide your Social Security number is grounds for denial of your application for employment.

CERTIFICATION AND AGREEMENT

I hereby certify that all statements on this application are true and correct to the best of my knowledge, and I agree to permit the investigation of each statement made by me hereon unless otherwise indicated. I understand that false or incomplete statements herein supplied are grounds for disqualification from employment consideration or termination of employment. I further understand that my employment is contingent upon passing a physical examination including a substance abuse screening. Employment is also subject to an initial probationary period and verification that age and citizenship/visa status meet legal requirements. Residency within the corporate limits of the City shall be required for certain positions for continued employment (i.e., management team and others designated by the City Manager). Residency within an area delineated on the map designated as “Greenville Fire Rescue and Police Residency Area” shall be required for employees of the Fire/Rescue and Police Departments.

I do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of the City of Greenville, whether the said records are of a public, private, or confidential nature. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this statement will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. By signing below, I acknowledge that I have read, understand, and agree to the above statements.

Full signature

Date

The City of Greenville is an equal opportunity/affirmative action employer (M/F/H)

Social Security Number Disclosure Notice

Thank you for your interest in employment with the City of Greenville. As part of your application for employment, you are required to provide your Social Security number to the City of Greenville. This is mandatory. The authority for this requirement is S.L. 2005-214. Your Social Security number will be maintained and used by the City of Greenville as a means to uniquely identify your records during the processing and tracking of your application and to conduct background checks. If you are hired by the City of Greenville, your Social Security number will be used for payroll and benefit purposes, as well as for compliance with federal and state reporting requirements including taxes. The City of Greenville will not disclose your Social Security number without your consent for any purpose except as allowed by law. **If you fail or refuse to provide your Social Security number, we will consider your application incomplete and return it to you. Continued failure or refusal to provide your Social Security number is grounds for denial of your application for employment.**